Medicare Medical Policy

Collagen Wound Dressings and Fillers

MEDICARE MEDICAL POLICY NUMBER: 458

Effective Date: 9/1/2026

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INSTRUCTIONS FOR USE: Company Medicare Medical Policies serve as guidance for the administration of plan benefits and do not constitute medical advice nor a guarantee of coverage. Company Medicare Medical Policies are reviewed annually to guide the coverage or non-coverage decision-making process for services or procedures in accordance with member benefit contracts (otherwise known as Evidence of Coverage or EOCs) and Centers of Medicare and Medicaid Services (CMS) policies, manuals, and other CMS rules and regulations. In the absence of a CMS coverage determination or specific regulation for a requested service, item or procedure, Company policy criteria or applicable utilization management vendor criteria may be applied. These are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

The Company reserves the right to determine the application of Medicare Medical Policies and make revisions to these policies at any time. Any conflict or variance between the EOC and Company Medical Policy will be resolved in favor of the EOC.

SCOPE: Providence Health Plan, Providence Health Assurance, and Providence Plan Partners as applicable (referred to individually as “Company” and collectively as “Companies”).

PRODUCT AND BENEFIT APPLICATION

☒ Medicare Only

MEDICARE COVERAGE CRITERIA

IMPORTANT NOTE: More than one Centers for Medicare and Medicaid Services (CMS) reference may apply to the same health care service, such as when more than one coverage policy is available (e.g., both an NCD and LCD exist). All references listed should be considered for coverage decision-making. The Company uses the most current version of a Medicare reference available at the time of publication; however, these websites are not maintained by the Company, so Medicare references and their corresponding hyperlinks may change at any time. If there is a conflict between the Company Medicare Medical Policy and CMS guidance, the CMS guidance will govern.

Notes:

- Surgical dressings are described as passive wound coverings used to protect, absorb, or maintain a moist wound environment, while skin and tissue substitute products are biologically or structurally active products intended to promote tissue regeneration when a wound fails to heal with standard care. This medical policy is specific to collagen dressings and fillers only. It does **not** apply to skin/tissue substitute products or cellular and/or tissue-based products or CTPs. For skin substitutes/CTPs, reference the separate Medicare medical policy (see Cross References).
- The referenced Noridian local coverage determination (LCD) addresses multiple types of surgical dressings, but this Medicare medical policy focuses on collagen wound dressings (HCPCS codes A6010, A6011, A6021-A6024) **only**.
- In addition, this policy is specific to wound dressings used in a **home** setting for in-home dressing changes. It does **not** apply to in-facility or office use of wound dressings.

Service	Medicare Guidelines
*Collagen Wound **Dressings** (HCPCS A6021-A6023) – **COVERAGE CRITERIA***	I. According to coverage criteria found in the Local Coverage Determination (LCD) for *Surgical Dressings* (L33831) and the companion billing and coding article (A54563), a one-month supply of **collagen wound dressing (HCPCS A6021-A6023**) may be considered **medically necessary** when **ALL** of the following are met (A-C): A. The wound meets **all** of the following criteria (1-3):

	1. The wound must be an **open** wound ("open wound" in this context ***excludes*** fresh, acute post-operative wounds. The LCD L33831 and the Noridian Surgical Dressing Tools web page state only transparent film is covered surgical dressing for *closed* wounds. Thus, all other dressings, including collagen dressings, are only covered for open wounds that meet the LCD criteria.); and 2. The wound is a "qualifying wound", as defined by **one** of the following (a **or** b): a. Wounds caused or treated by a surgical procedure; **or** b. Wounds following debridement (by any debridement technique; e.g., surgical, mechanical, chemical, autolytic); and 3. The wound meets **one** of the following LCD requirements (a-c): a. Full thickness wound (e.g., stage 3 or 4 ulcers); **or** b. A wound with light to moderate exudate; **or** c. A wound that has stalled or has not progressed toward a healing goal. B. The collagen dressing product meets **ALL** of the following coverage criteria: 1. The dressing will be used as **either** a **primary** dressing (a therapeutic or protective covering applied directly to wounds or lesions) **or a secondary** dressing (serves a therapeutic or protective function and is needed to secure a primary dressing [e.g., adhesive tape, roll gauze, bandages, and disposable compression material]) *(**NOTE**: LCD L33831 states it is "not reasonable and necessary to use a secondary dressing with primary dressings that contain an impervious backing layer.")*; ***and*** 2. For HCPCS codes A6021-A6023, the product must have completed a Medicare coding verification review (CVR) **and** has been assigned to the HCPCS code submitted, as published on the PDAC Product Classification List (PCL) website; ***and***

	3. The wound dressing must have been tailored to the specific needs of the individual patient, with dressing size based on and appropriate to the size of the wound (for wound covers, the pad size is usually about 2 inches greater than the dimensions of the wound). C. **Both** of the following (1 and 2) are met: **1.** The collagen wound dressing has been ordered by a healthcare provider who is actively treating and monitoring the wound healing progress (according to the LCD and LCA, a new order is required at least every 3 months); ***and*** **2.** The medical records document regular evaluations of the wound(s) by the treating provider (or their designee) on **no less than a monthly basis**, documenting healing progress. (**NOTE:** According to the LCD and LCA, regular wound evaluations are expected on at least a monthly basis, with heavily draining or infected wounds or members in a skilled nursing facility requiring weekly evaluations. This evaluation is required unless there is documentation in the medical record which justifies why an evaluation could not be done within this timeframe and what other monitoring methods were used to evaluate the patient's need for ongoing use of dressings.)
*Collagen Wound **Fillers** (A6010, A6011, and A6024) – **COVERAGE CRITERIA***	II. According to coverage criteria found in the LCD L33831 and companion LCA A54563, a one-month supply for **collagen wound filler (HCPCS A6010, A6011, and A6024**) may be considered **medically necessary** when **ALL** of the following are met (A-C): A. The wound meets **all** of the following (1-3): 1. Wound is an **open** wound ("open wound" ***excludes*** fresh, acute post-operative wounds. According to LCA A54563, wound fillers are by definition "primary dressings placed **into open** wounds"); **and** 2. "Qualifying wound," as defined by **one** of the following (a **or** b): a. Wounds caused or treated by a surgical procedure; **or** b. Wounds following debridement (by any debridement technique; e.g., surgical, mechanical, chemical, autolytic); and

3. Wound meets **one** of the following LCD requirements (a-c):

    a. Full thickness wound (e.g., stage 3 or 4 ulcers); **or**
    b. A wound with light to moderate exudate; **or**
    c. A wound that has stalled or has not progressed toward a healing goal.

B. The collagen filler product meets **ALL** of the following coverage criteria:

1. The dressing will be used as **a primary dressing** (therapeutic or protective coverings applied directly to wounds or lesions) **only** (according to LCA A54563, wound fillers are by definition primary dressings); **and**
2. For HCPCS code A6024, the product must be listed on the PDAC Product Classification List (PCL) website as a product assigned to the HCPCS code used; **and**
3. The wound filler must be tailored to the specific needs of the individual patient.

C. Both of the following (1 and 2) are met:

1. The collagen wound filler has been ordered by a healthcare provider who is actively treating and monitoring the wound healing progress (according to the LCD and LCA, a new order is required at least every 3 months); ***and***
2. The medical records document regular evaluations of the wound(s) by the treating provider (or their designee) on **no less than a monthly basis**, documenting healing progress. (**NOTE:** According to the LCD and LCA, regular wound evaluations are expected on at least a monthly basis, with heavily draining or infected wounds or members in a skilled nursing facility requiring weekly evaluations. This evaluation is required unless there is documentation in the medical record which justifies why an evaluation could not be done within this timeframe and what other monitoring methods were used to evaluate the patient's need for ongoing use of dressings.)

Collagen Wound Dressings & Fillers – ***NON-COVERED INDICATIONS/USES AND NOTES***	III.	In accordance with coverage criteria found in LCD L33831 and LCA A54563, a collagen-based wound dressing or filler is **not medically necessary** for **ANY** of the following situations: A. Above LCD and LCA coverage criteria are not met, including but not limited to, any of the following scenarios: B. Any indication **not** called out as being "covered" will be considered not meeting LCD criteria, and therefore, not medically necessary. This includes wounds that do not meet "qualifying wound" criteria, such as any of the following wound types/characteristics; 1. Closed wounds (including acute post-operative wounds); ***or*** 2. Heavy exudate; ***or*** 3. Any burn, including third-degree burns (other types of dressings are available for use for burns); ***or*** 4. When an active vasculitis is present; ***or*** 5. Drainage from a cutaneous fistula which has **not** been caused by or treated by a surgical procedure; ***or*** 6. Stage 1 pressure ulcer; ***or*** 7. Wounds caused by trauma which do **not** require surgical closure or debridement (e.g., skin tear or abrasion); ***or*** 8. A venipuncture or arterial puncture site (e.g., blood sample); ***or*** C. Dressings that have **not** been ordered by a treating practitioner, or documentation does not support regular evaluations of the wound and healing progress (this includes any direct-to-consumer products without a physician order and regular wound evaluations); ***or*** D. Products billed using HCPCS code A6021-A6024, but the product is **not** on the PCL for that particular HCPCS code, the claim line may be denied as **incorrect coding**. *(LCA A54563)* Examples of codes not found on the PCL include HealPACK (by Encore, product number ECD-030); ***or*** E. Wound dressings or fillers **not** been tailored to the needs of the individual patient, ***or*** F. Use of dressings on *intact* skin is a non-covered indication *(LCD L33831 / LCA A54563);* ***or***

	G. Collagen wound **fillers** (A6010, A6011, A6024) used as a ***secondary*** wound covering and not in direct contact with the wound (**NOTE:** According to LCA A54563, wound fillers are by definition *primary* dressings); ***or*** H. Quantities which exceed more than a one-month supply (**NOTE:** According to the LCD and LCA, **no more** than a one-month supply can be dispensed at a time, but it adds that exceptions may be made on review if documentation supports a need for greater quantities in the home setting in an individual case.), **or** IV. Under Medicare NCCI rules, the application of surgical dressings post-operatively is considered "incidental" to the surgical procedure itself, and **ineligible to be billed separately**. *(See Billing Guidelines below.)* Claims for dressing changes sent home with the member may be submitted; however, the place of service (POS) must correspond to the member's home or residence, and POS 11 for "office" should not be used, even if this is the dispensing site. **NOTES:** 1. Not all surgical dressings have the same coverage, or are allowed for the same wound types. When a collagen wound dressing is not medically necessary for a particular wound type, there may be other wound dressing options available for use. 2. Coverage is allowed only for primary and secondary surgical dressing used on the skin on qualified wound types. See Policy Guidelines below for more information regarding qualifying wound types. Surgical dressings used for clinical conditions ***other than*** the qualifying wounds as described are considered **not medically necessary**. *(Source: LCD L33831)* 3. The frequency of recommended dressing changes depends on the type and use of dressing.[2] 4. **The product in contact with the wound determines the change frequency.** When combinations of primary dressings, secondary dressings, and wound filler are used, the change frequencies of the individual products should be similar. It is not reasonable and necessary to use a combination of products with differing change intervals (e.g., it is not reasonable and necessary to use a secondary dressing with a weekly change frequency over a primary dressing with a daily change interval). These will be denied as not medically reasonable and necessary.[2] See Policy Guidelines below for definitions of "primary" and "secondary" dressings.

item, please review the member EOC or submit a pre-service organization determination request. Note that the Medicare Advance Beneficiary Notice of Noncoverage (ABN) form **cannot** be used for Medicare Advantage members. *(Medicare Advance Written Notices of Non-coverage. MLN006266 May 2021)*

POLICY CROSS REFERENCES

- Skin and Tissue Substitutes, MP371

The full Company portfolio of Medicare Medical Policies is available online and can be accessed here.

POLICY GUIDELINES

DOCUMENTATION REQUIREMENTS

Documentation requirements for surgical dressings can be found in the LCA A54563 to determine if all applicable documentation to support medical necessity is available.

Note documentation requirement guidelines for **new** surgical dressing orders may differ from documentation requirements for **continued** use.

GENERAL

Wound Care

According to the Noridian LCD for *Wound and Ulcer Care* (L38902):

> "Wound care must be performed in accordance with accepted standards for medical and surgical treatment of wounds. The goal of most acute wound or chronic ulcer care should be eventual wound closure with or without grafts, cellular or tissue products, or other surgery (such as amputation, wound excision, etc.). Standard wound care measures include, but are not limited to, appropriate control of complicating factors such as pressure (e.g., off-loading, padding, and appropriate footwear), infection, vascular insufficiency, metabolic derangement and/or nutritional deficiency. While complete healing of the wound may be the primary objective; a secondary desired objective is that, with appropriate management, a wound may reach a state at which its care may be performed primarily by the patient and/or the patient's caregiver with periodic physician assessment and supervision."

According to the Medicare NCD for *Blood-Derived Products for Chronic Non-Healing Wounds* (270.3):

> "Wounds are categorized as either acute, where the normal wound healing stages are not yet completed but it is presumed they will be, resulting in orderly and timely wound repair, or chronic, where a wound has failed to progress through the normal wound healing stages and repair itself within a sufficient time period."

Different types of wounds may require different types of dressings. Because dressings and skin substitutes serve a different purpose, not all wounds may be optimal candidates for every type of wound dressing option. For example, some collagen-based products are designed for exudate absorption and maintaining a moist wound environment, while other collagen-based wound dressing products may be promoted for direct interaction with the healing process.[3]

Medicare provides reimbursement and coverage for surgical dressing under the Surgical Dressings Benefit. Note that coverage is only available for primary and secondary surgical dressings used on the skin for specified wound types. *(Source: LCD L33831)*

Wounds Eligible for Coverage of Surgical Dressings

According to LCA A54563, there are two qualifying wound types eligible for coverage for surgical dressings:

- A wound caused by, or treated by a surgical procedure; or
- Following debridement of a wound

Surgical debridement must be performed by a physician or other healthcare professional as permissible under state law. Debridement of a wound may be any type of debridement, including, but not limited to, the following examples:

- Surgical (sharp instrument or laser)
- Mechanical (irrigation or wet-to-dry dressing)
- Chemical (topical application of enzymes)
- Autolytic (application of occlusive dressings to an open wound)

Surgical dressings used for clinical conditions ***other than*** the qualifying wounds as described above will be considered not medically necessary.

Dressings

Dressing selection should be individualized based on wound characteristics. As the condition of the wound changes (e.g., as the level of exudate changes), then the choice of dressing should also change. Different material types have different fluid absorption abilities, which is important in dressing selection decisions. Foams, alginates, hydrofibers, and products that have incorporated superabsorbent powder and fibers are examples of wound dressings with high absorbent capacity. Use of these superabsorbent products may reduce the frequency of dressing changes. At each and every assessment of the wound, the absorbency of the dressing should be evaluated and modified on the basis of the wound characteristics.[4]

Dressings containing multiple components are classified based upon the clinically **predominant** component. Thus, in the case of collagen dressings, the predominate component must be collagen. Dressings predominantly comprised of non-covered materials (as listed in the LCD) are also not covered. Dressings composed predominantly of non-covered materials will be denied as not medically necessary, even if some portion of the product includes collagen.

<u>Dressings vs. Skin/Tissue Substitutes</u>

Surgical dressings and skin or tissue substitute products are different products, subject to different coverage criteria.

Surgical dressings are passive wound coverings used to protect, absorb, or maintain a moist wound environment. They can be primary or secondary materials placed on top of a wound and they include materials and substances including, but not limited to, gauze, alginates, foams, hydrocolloids, films, etc. Dressings do not actively stimulate healing, and are generally considered standard wound care.

In contrast, skin or tissue substitutes (also referred to by CMS as cellular and/or tissue-based products [CTPs]) are biologically or structurally active products intended to promote tissue regeneration when a wound fails to heal with standard care. These products are biologic, synthetic, or bioengineered materials applied to the wound bed. They may contain extracellular matrix, cellular components, and/or structural scaffolding. These items are used to actively promote wound healing and support tissue regeneration when the body cannot heal on its own using standard wound care techniques.

Therefore, the surgical dressings addressed in this policy are clearly distinguished from skin or tissue substitutes (CTPs).

DEFINITIONS

The following definitions are applied to services or items addressed by this policy.

> ***Acute wounds.*** Wounds where the normal wound healing stages may not yet be completed, but it is presumed they will be, resulting in orderly and timely wound repair. *(Source: NCD 270.3)*
>
> ***Chronic wounds.*** A wound which has failed to progress through the normal wound healing stages and repair itself within a sufficient time period. *(Source: NCD 270.3)*
>
> ***Exudate.*** Drainage that seeps out of wounds, leaking from blood vessels in a wound site during the healing process. While normal in small amounts, excessive amounts and other characteristics (e.g., yellow, green or brown in color, thick consistency, etc.) may be an indicator of infection or high bacterial levels.[5]
>
> ***Primary dressings***. Therapeutic or protective coverings applied **directly** to wounds or lesions either on the skin or caused by an opening to the skin. *(Source: LCA A54563)*
>
> ***Secondary dressings*****.** Materials that serve a therapeutic or protective function and that are needed to secure a primary dressing. Items such as adhesive tape, roll gauze, bandages, and disposable compression material are examples of secondary dressings. *(Source: LCA A54563)*
>
> ***Wound fillers.*** Primary dressings placed into open wounds to eliminate dead space, absorb exudate, or maintain a moist wound surface. They come in hydrated forms (e.g., pastes, gels), dry forms (e.g., powder, granules, beads), or other forms such as rope, spiral, pillows, etc. For certain materials, unique codes have been established - i.e., collagen wound filler (A6010, A6011, A6024). *(Source: LCA A54563)*
>
> ***Debridement types.*** Debridement of a wound may be any type of debridement. The following examples given are not all-inclusive:
>
> - Surgical (e.g., sharp instrument or laser)

- Mechanical (e.g., irrigation or wet-to-dry dressings)
- Chemical (e.g., topical application of enzymes) or
- Autolytic (e.g., application of occlusive dressings to an open wound).

REGULATORY STATUS

U.S. FOOD & DRUG ADMINISTRATION (FDA)

While clearance by the Food and Drug Administration (FDA) is a prerequisite for Medicare coverage, the 510(k) premarket clearance process does not in itself establish medical necessity. Medicare payment policy is determined by the interaction of numerous requirements, including but not limited to, the availability of a Medicare benefit category and other statutory requirements, coding and pricing guidelines, as well as national and local coverage determinations and clinical evidence.

Products

Several collagen-based products are designed for exudate absorption and maintaining a moist wound environment, rather than for interaction with the wound healing process. Examples include, but are not limited to, Colla-Pad, CollaSorb, and Collexa.

Effective June 1, 2013, the only products which may be billed using codes A6021, A6022, A6023 and A6024 are those for which the Medicare Pricing, Data Analysis, and Coding (PDAC) contractor has performed a coding verification review (CVR) and published on the PDAC Product Classification List (PCL).

While **not an all-inclusive list**, Table 1 below includes common products, along with the manufacturer and HCPCS code assigned to each product by the Medicare PDAC, as listed on the PCL website.

Table 1: Product Examples and Applicable HCPCS Codes (NOT an all-inclusive list)

Product Name	Manufacturer	HCPCS Code *(As assigned by Medicare PDAC)*
CellerateRX	Wound Care Innovations, LLC	A6010, A6011
ColActive Plus AG Collagen Matrix Dressing 7” X 7’	Covalon Technologies, Inc.	A6023
ColActive 90	Covalon Technologies, Inc.	A6023
ColActive 90 AG	Covalon Technologies, Inc.	A6022
Coreleader Colla-Pad	Coreleader Biotech Company, LtD	A6021
CollaSorb Collagen Sheet	Hartmann USA	A6023
CollaSorb Collagen Wound Filler	Hartmann USA	A6010
CollaSorb Latex Free Collagen Dressing	Hartmann USA	A6021
Comatryx Collagen Rope Wound Dressing 0.5” X 12” Inches	Strukmyer Medical, LLC	A6024
Dermacol 100	Dermarite Industries, LLC	A6010
Dermacol 110 Sheet Collagen Wound Dressing 1” X 1”	Dermarite Industries, LLC	A6021
Dermacol 110 Sheet Collagen Wound Dressing 2” X 2”	Dermarite Industries, LLC	A6021

Dermacol 110 Sheet Collagen Wound Dressing 4” X 4”	Dermarite Industries, LLC	A6021
Dermacol 110 Sheet Collagen Wound Dressing 7” X 7”	Dermarite Industries, LLC	A6023
Dermacol AG	Dermarite Industries, LLC	A6021
Fibracol Collagen-Alginate Wound Dressing (**Filler**)	Johnson & Johnson *(Division of Ethicon, Inc.)*	A6024
Fibracol Collagen-Alginate Wound Dressing (**Cover**)	Johnson & Johnson *(Division of Ethicon, Inc.)*	A6021, A6022
Fibracol Plus Collagen Wound Dressing with Alginate 3/8” X 3/8” X 15 3/4”	Kinetic Concepts, Inc.	A6024
Fibracol Plus Collagen Wound Dressing with Alginate 2” X 2”	Kinetic Concepts, Inc.	A6021
Fibracol Plus Collagen Wound Dressing with Alginate 4” X 4 3/8”	Kinetic Concepts, Inc.	A6022
Fibracol Plus Collagen Wound Dressing with Alginate 4” X 8 3/4”	Kinetic Concepts, Inc.	A6022
Promogran Matrix Wound Dressing 19.1 sq in hexagon	Kinetic Concepts, Inc.	A6021
Promogran Matrix Wound Dressing 4.34 sq in hexagon	Kinetic Concepts, Inc.	A6021
Promogran Prisma Matrix 3/8” X 3/8” X 12 5/8”	Kinetic Concepts, Inc.	A6024
Promogran Prisma Matrix Wound Dressing 4.34 sq in hexagon	Kinetic Concepts, Inc.	A6021
Promogran Wound Matrix Dressing	Kinetic Concepts, Inc.	A6021, A6022
TripleHelix Collagen (**rope**)	MPM Medical	A6024
TripleHelix Collagen (**1 gm vial**)	MPM Medical	A6010
TripleHelix Collagen (**1 gm powder**)	MPM Medical	A6010
TripleHelix Collagen (**10 gm powder**)	MPM Medical	A6010
Veris	SweetBio, Inc.	A6021

BILLING GUIDELINES AND CODING

GENERAL

See associated local coverage articles (LCAs) for related billing and coding guidance, as well as additional coverage and non-coverage scenarios and frequency utilization allowances and limitations:

- LCA: Surgical Dressings - Policy Article (A54563)

HCPCS Code Selection

The quantity of wound dressing supplies must be reasonable and necessary for the wounds of the individual patient, including the size and number of wounds being treated.

For all dressings, if a single dressing is divided into multiple portion/pieces, the code and quantity billed must represent the originally manufactured size and quantity. *(LCA A54563)* For example, if a 48 sq. in.

collagen wound cover is provided (HCPCS A6023) and divided into four equal sections, only one unit of HCPCS code A6023 can be reported.

If a product is **not** listed in Table 1 above, the Medicare PDAC PCL website can be referenced for an up-to-date listing of products assigned to a HCPCS code, or search by product name. If a product is not included on the PDAC PCL website as a product approved for use under a specific HCPCS code, codes billed for that product may be denied as **incorrect coding** in accordance with the Noridian JD *Surgical Dressing* LCA.

Wound Modifiers

Modifiers should be used to indicate how many wounds are being treated. The modifier used must correspond to number of wounds on which **that particular dressing** is being used. It is ***not*** selected based on the *total* number of wounds treated.

These modifiers are:

- A1 – Dressing for **one** wound
- A2 – Dressing for **two** wounds
- A3 – Dressing for **three** wounds
- A4 – Dressing for **four** wounds
- A5 – Dressing for **five** wounds
- A6 – Dressing for **six** wounds
- A7 – Dressing for **seven** wounds
- A8 – Dressing for **eight** wounds
- A9 – Dressing for **nine or more** wounds

When dressings are provided in non-covered situations (i.e., if the dressing is not being used as a primary or secondary dressing on a surgical or debrided wound), do **not** use modifiers A1-A9. *(Source: LCA A54563)*

Bundled Dressings

According to LCA A54563, when dressings are used under a different Medicare benefit, there is no separate payment for surgical dressing HCPCS codes. Payment for any type of dressing in these situations is considered **included or bundled** in the allowance for applicable supply codes. Examples include, but are not limited, the following:

- Dressings used **with infusion pumps** (which are covered under the DME benefit) are included in the allowance for code A4221.
- Dressings used **with parenteral nutrition** (covered under the prosthetic device benefit) are included in the allowance for code B4224.
- Dressings used **with gastrostomy tubes** for enteral nutrition (covered under the prosthetic device benefit) are included in the allowance for codes B4034, B4035, B4036.
- Dressings used **with tracheostomies** (covered under the prosthetic device benefit) are included in the allowance for code A4625 and A4629.
- Dressings used **with dialysis access catheters** (covered under the end stage renal disease benefit) are included in the composite rate (outpatient facility dialysis) or payment cap (method 1 home dialysis) paid to the dialysis provider.

In addition, surgical dressings are not eligible for separate reimbursement in certain settings.

Professional/Surgeon claims. According to Medicare National Correct Coding Initiative (NCCI) guidelines[1], "… the payment for a surgical procedure *includes payment for dressings*, supplies, and local anesthesia." Therefore, these items are not eligible for separate reimbursement, nor should they be separately reported using HCPCS/CPT codes. Standard reimbursement methodologies will apply for wound dressings applied in these settings.

Facility claims (hospital or ambulatory surgical centers or ASCs). These HCPCS codes are considered bundled or not separately reimbursable on facility claims. These codes are Status "N" codes under the Medicare OPPS Addendum B for hospitals[6], and for ASCs, surgical dressings are included in the facility payment for the surgical procedure[7].

CODES*		
CPT	None	
HCPCS	A6010	Collagen based wound filler, dry form, sterile, per gram of collagen
	A6011	Collagen based wound filler, gel/paste, per gram of collagen
	A6021	Collagen dressing, sterile, size 16 sq. in. or less, each
	A6022	Collagen dressing, sterile, size more than 16 sq. in. but less than or equal to 48 sq. in., each
	A6023	Collagen dressing, sterile, size more than 48 sq. in., each
	A6024	Collagen dressing wound filler, sterile, per 6 inches

***Coding Notes:**

- The code list above is provided as a courtesy and may not be all-inclusive. Inclusion or omission of a code from this policy neither implies nor guarantees reimbursement or coverage. Some codes may not require routine review for medical necessity, but they are subject to provider contracts, as well as member benefits, eligibility and potential utilization audit. According to Medicare, "presence of a payment amount in the MPFS and the Medicare physician fee schedule database (MPFSDB) does not imply that CMS has determined that the service may be covered by Medicare." The issuance of a CPT or HCPCS code or the provision of a payment or fee amount by Medicare does **not** make a procedure medically reasonable or necessary or a covered benefit by Medicare. *(Medicare Claims Processing Manual, Chapter 23 - Fee Schedule Administration and Coding Requirements, §30 - Services Paid Under the Medicare Physician's Fee Schedule, A. Physician's Services)*
- All unlisted codes are reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is submitted for non-covered services addressed in this policy then it will be **denied as not covered**. If an unlisted code is submitted for potentially covered services addressed in this policy, to avoid post-service denial, **prior authorization is recommended**.
- **See the non-covered and prior authorization lists on the Company Medical Policy, Reimbursement Policy, Pharmacy Policy and Provider Information website for additional information.**
- HCPCS/CPT code(s) may be subject to National Correct Coding Initiative (NCCI) procedure-to-procedure (PTP) bundling edits and daily maximum edits known as "medically unlikely edits" (MUEs) published by the Centers for Medicare and Medicaid Services (CMS). This policy does not take precedence over NCCI edits or MUEs. Please refer to the CMS website for coding guidelines and applicable code combinations.

REFERENCES

1. Centers for Medicare and Medicaid Services (CMS). National Correct Coding Initiative (NCCI) Manual. Chapter 12 – Supplemental Services HCPCS Level II Codes A0000-V9999. https://www.cms.gov/medicare/coding-billing/national-correct-coding-initiative-ncci-edits/medicare-ncci-policy-manual. Accessed 4/1/2026.

2. Noridian Healthcare Solutions (Noridian*). Surgical Dressings Recommended Frequency of Change*. Updated 8/8/2024. https://med.noridianmedicare.com/web/jddme/article-detail/-/view/2230715/surgical-dressings-recommended-frequency-of-change. Accessed 4/1/2026.
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POLICY REVISION HISTORY

DATE	REVISION SUMMARY
9/2026	New Medicare Advantage medical policy